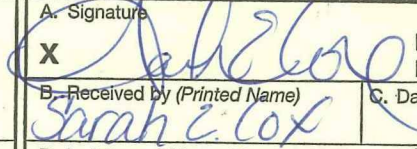


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Michael Moates</b> <b>2700 Colorado Boulevard, No. 1526</b> <b>Denton, TX 76210</b> <b>4:21-cv-00694-ALM-KPJ - R&amp;R [27]</b>		B. Received by (Printed Name) <b>Sarah C. Cox</b>	
		C. Date of Delivery <b>JUN 24 2022</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>9590 9402 6309 0274 5167 24</b>		<b>RECEIVED</b> <b>JUN 24 2022</b>	
2. Article Number (Transfer from service label) <b>7020 2450 0001 8814 8110</b>		Service Type <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

Domestic Return Receipt